



# Quote Form

## For MFP Transition Services

**Notice to MFP field personnel:** complete this *Quote Form* for equipment, supplies, vision and/or dental services costing \$1000 or more, all environmental modifications and/or all vehicle adaptations for MFP participants. In the table provided, list the licensed contractors or vendors and the amount of each quote. Check the quote selected. If a quote is selected that is not the lowest quote, provide a justification for the selected quote. MFP field personnel sign the form and attach supporting documentation. For assistance in locating qualified and licensed contractors Certified in Aging-in-Place (CAPS), contact DCH MFP Housing Manager.

**Participant First Name:**

**Participant Last Name:**

**Participant Medicaid ID #:**

**Participant Date of Birth:**

**Inpatient Facility Name or NA:**

**Participant Address:**

**Participant City:**

**Zip:**

**County:**

**Participant Phone Number:**

**Other Contact Name:**

**Other Phone:**

**Date(s) of ITPs/Planning Meetings:**

**COS Waiver Name:**

Vendor Name/Phone	MFP Transition Service	MFP 3 Digit Service Code	Quoted Amount	Check Accepted Quote
				<input type="checkbox"/>
				<input type="checkbox"/>

Total \$'s Authorized:

### Justification for selection of quote that is not the lowest:

- Maximum allowed cost for Equipment, Vision, Dental and/or Hearing Services (EQS) is \$4,000 in the 365 day demonstration period. Two quotes must be obtained before a purchase can be authorized for a single piece of equipment costing \$1000 or more, or for vision, dental or hearing services costing \$1000 or more.
- Maximum allowed cost for Specialized Medical Supplies is \$1,000 in the 365 day demonstration period. Two quotes must be obtained before a purchase can be authorized for a single supply costing \$1000.
- Maximum allowed cost for Vehicle Adaptations (VAD) is \$6,240 in the 365 day demonstration period. Two quotes must be obtained before Vehicle Adaptations can be authorized.<sup>1</sup>
- Maximum allowed cost for Environmental Modifications (EMD) is \$8,000 in the 365 day demonstration period. Two itemized scope/bids are required, before Environmental Modifications are authorized. Building permits are required for EMDs totaling \$2,500 or more. The Home Inspection service (HIS) must be completed before beginning environmental modifications and after environmental modifications are completed to ensure quality work and compliance with relevant building codes and standards. Environmental modifications can be made to rental property for participants who have a Housing Choice Voucher or other housing subsidy.<sup>1</sup>

**Owner/Landlord Name:**

**Phone:**

**Address:**

**City:**

**Zip:**

**County:**

**MFP Field Personnel Name:**

**Region/Office:**

**Phone:**

**Email:**

**Authorizing Signature:** \_\_\_\_\_ **Date Signed:**

<sup>1</sup> Environmental Modifications and Vehicle Adaptations must include a notarized document giving the owner's permission for services, if the owner is not the MFP participant.

**MFP field personnel note:** (Step 1) Send this completed *Quote Form* to Fiscal Intermediary via **File Transfer Protocol (FTP)**. (Step 2) Send this completed *Quote Form* to the DCH MFP Office via FTP.